

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO. \_\_\_\_\_ FILING DATE \_\_\_\_\_

APPLICANT(S) \_\_\_\_\_

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	1					
4	2					
5	2					
6	2					
7	2					
8	2					
9	2					
10	2					
11	2					
12	2					
13	2					
14	2					
15	2					
16	2					
17	2					
18	2					
19	2					
20	2					
21	2					
22	2					
23	2					
24	2					
25	2					
26	2					
27	2					
28	2					
29						
30	1					
31						
32						
33						
34						
35						
36						
37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	51					
TOTAL CLAIMS	55					

IND	DEP	IND	DEP	IND	DEP
51					
52					
53					
54					
55					
56					
57					
58					
59					
60					
61					
62					
63					
64					
65					
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92					
93					
94					
95					
96					
97					
98					
99					
100					
TOTAL IND.					
TOTAL DEP.					
TOTAL CLAIMS					